BIRTH NO. REG. DIST. NO. 29 4 PRIMARY REG. DIST. NO. 2856 Registrary No. STATE Randolph	HIER MAD	6 1950		DIVISION OF					ند.		57	91
1. PLACE OF DEATH B. COUNTY Randolph C. LENGTH OF TOWN Randolph C. CITY (II coalide appropriate for institutions, relations to control file) STAY (as this place) C. CITY (II coalide appropriate for institutions of the control file) STAY (as this place) C. CITY (II coalide appropriate for institutions of the control file) STAY (as this place) C. CITY (II coalide appropriate for institutions of the control file) STAY (as this place) C. CITY (II coalide appropriate for institutions of the control file) C. CITY (II coalide appropriate for institutions of the control file) C. CITY (II coalide appropriate for institutions of the control file) C. CITY (II coalide appropriate for institutions) C. CITY (II coalide appropriate for control file) C. CITY (II coalide appropriate for coalide appropriate for coalide appropriate for coalide appropriate for coalide app		. 0 .33 0						ス	56		~	4"
ORN NOTETY NOTET	1. PLACE OF DEAT					2. USUAL	RESIDE	NCE (W	/here decesse	ed lived. If in	titution: r	
3. NAME OF DECEASED La. (First) DECEASED (Type or Print) William Name of Deceased De	TOWN			stay (in thi	25	i or		_		L and give tow	nahip) S	883
DECEASED (Type or Print)	d. FULL NAME OF (II HOSPITAL OR INSTITUTION	not in hospital or in Woodl	and Ho	treet address or loo spital	tion)	d, STREET ADDRESS	653		-			
Male White Single Salger (Speeds) Single Salg		· · · ·	m	b. (Middle)	F				4. DATE OF DEATH			(Year) 1950
does duting mental certified life, event if restricted by CTT.Small; MTMTer Madison, Mo. 13a. Father's Name James Holdrook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? In 6. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16. CAUSE OF DEATH Enter only one course per Inter for (a), (b), and (c) *This does not mean the mode of dying, such the such collection of the complication of the death but not related to the disease or condition couring death. 10. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. AUTOPSY? YES In NO 21c. CITY, TOWN, OR TOWNSHIP) Mober ly Mober ly Mober ly Mober ly 22d. AUTOPSY? Yes In No 22	9 11		WIDOWED	D. DIVORCED (85	ED, edfy) }			06			Days 1	F UNDER 21 H2 Hours Mir
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE XX 15. MOST DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY 170. INFORMANT'S SIGNATURE OR NAME MODER'S 170. INFORMANT'S SIGNATURE OR NAME MODER'S MODER'S 170. INFORMANT'S SIGNATURE OR NAME MODER'S	10a. USUAL OCCUPATION done during most of working Laborei	(Give kind of work life, even if retired)	19ь. KIND (W GTnS	of Business of mall, Ma	亚亚e					0	IZ. CITIZ COUN	ZEN OF WHA
Cause of Death Enter only one cause por Moberly		lbrook		. MOTHER'S MA	LIDEN	ms			xx		E	
Enter only one-cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, exthenia, the mode of dying, such as heart failure, exthenia, the mode of dying, roc modifions, if any, giving DUE TO (b) The does not mean the mode of dying, such as heart failure, exthenia, such as heart failure, exthenia, the lite to the above cause (a) stating the underlying cause last. DUE TO (c) Struck by automobile SK/211 The does not mean the discontinuitions, if any, giving DUE TO (b) The case, injury, or complication to the death but not related to the disease or condition causing death. DUE TO (c) Struck by automobile SK/211 SUICIDE HOMICIDE 10. DATE OF OPERAT ION 21. ACCIDENT X SUICIDE HOMICIDE 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 21. ACCIDENT X SUICIDE HOMICIDE 22. AUTOSYSY YES \substitute No be rly Randolph Mo COUNTY) STATE) MODE RIVER STATE STATE SUICIDE NO BETT WORK I THE accident A trace and on the date stated above. 22. ACCIDENT A TWORK Y STATE STATE AND PLATE A TRACE OF INJURY AND PLATE A TRACE OF INJURY ADDRESS WOOULAND. HOS THE ACCIDENT SIGNIFICANT OCCURRED WHILE AT NOT WHILE A TRACE OF INJURY AND PLATE A TRACE OF INJURY AND PLATE A TRACE OF INJURY ADDRESS WOOULAND. HOS TO SEET AND PLATE ADDRESS WOOULAND. HOS TO SEET AND PLAT					RITY NO. 23		_	• • • • • • • • • • • • • • • • • • • •			-	
This does not mean the mode of dying, such as heart failure, eathernia, etc. It means the disc. It means the disc underlying cause last. DUE TO (b) tic or its to the above cause (a) stating the underlying cause last. DUE TO (c) STRUCK by automobile II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) STRUCK by automobile III. OTHER SIGNIFICANT CONDITIONS III. OTHE	Enter only one cause per	I, DISEASE OR CO DIRECTLY LEAD!	ONDITION ING TO DEATH	Mas Mas	siv	e intra	acran				ONSET	AND DEATS
tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT X (Specify) 21b. PLACE OF INJURY (s.g., in or about SUICIDE 10b. place of samplestory greek time bldg., eve.) 10b. place of samplestory greek time bldg., eve. In or about on the date of samplestory greek time bldg., eve.) 10b. place of samplestory greek time bldg., eve. In or about or about of samplestory greek time bldg., eve. In or about or abo	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions	, if any, giving	g DUE TO (b) g ·	lti 	tic	•		· •		ma-at	out Hrs 124
TION 21a. ACCIDENT X SUICIDE SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY. TOWN, OR TOWNSHIP) Moberly Moberly Andolph Mo. 21d. TIME (Month) (Day) (Year) Peb. 3, 1950 WHILEAT NOT WHILE WORK ATWORKY Town ATWORKY Town At I last saw the decease alive on Feb. 4 Ali		Conditions contributing to the death but not									.2,5	
SUICIDE HOMICIDE	19a. DATE OF OPERA-	19b. MAJOR FINE	OINGS OF OP	ERATION		.		· · · ·	127	1		
INJURY Feb. 3, 1950 a WHILE AT NOT WHILE Struck on the highway near Mober 22. I hereby certify that ruttended the deceased from Feb. 3 , 1950, to Feb. 4 , 1950, that I last saw the decease alive on February 1950, and that death occurred at 2:25a m., from the cauces and on the date stated above. 23a. SICK THESE (Degree or title) 23b. ADDRESS WOOULand. Hospital, Moberly Feb. 23 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Burial () 2-6-50 Madison Madison Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2407 25. FUNERAL ATRECTOR'S SIGNATURE ADDRESS	21a. ACCIDENT X (8 SUICIDE HOMICIDE				about	Moberl	.у	<u> </u>				•
alive on FE 274 , 1950, and that death occurred at 2:25a m., from the cauces and on the date stated above. 23a. SIGN THERE (Degree or title) 23b. ADDRESS 23c. DATE SIGNI WOOQLAND HOSPITAL, MODERLY Feb. 23 24a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL () 2-6-50 Madison Madison Modern Modern ADDRESS DATE REC'D BY LOCAL PEGISTRAR'S SIGNATURE Q 269 25. FUNERAL PRECTOR'S SIGNATURE ADDRESS	OF		25 WHIL						high	way ne	ar M	oberl
Woouland Hospital, Moberly Feb. 23 24a: Burial CREMA- TION, REMOVAL (Speedty) Burial () Date Rec'd By Local Registrar's Signature Abdress Woouland Hospital, Moberly Feb. 23 Woouland Hospital, Moberly Feb. 23 Woouland Hospital, Moberly Feb. 23 Madison Madison Madison Mo.	22. I hereby certify the	at Puttended to	ne deceased , and that	from Feb.	d at							
TION REMOVAL (Boothy) Burial () 2-6-50 Madison, Madison Mo. DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE - 2.69 25. FUNERAL PRECTOR'S SIGNATURE ADDRESS	23a. SIGN THE	u laco	0		itle)			Hosp	ital,	Moberl		
C CO COPEG	TION_REMOVAL (Prestly)	246. DANE 2-6-	50 24					Ma	disor	<u>.</u> -	N	(State)
	DATE REC'D BY LOCAL 2-23-50 REG.			wow	69	25. FUNERAL	PRECT	9R' 5 S	2 Kou	400	DORESS 7N_	lois

RECEIVED District Health Officer No.

District File Curples 2-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embalmer No
working under my personal supervision.	•
•	10 1

Signed C. J. Feland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No......

the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.